

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90121 004 ****61.25

0040982

DOCUMENT # N29435

1. Entity Name

A WOMAN'S PLACE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**2901 BUSCH LAKE BLVD
 TAMPA FL 33614**

**2901 BUSCH LAKE BLVD
 TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2957640

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAYTON, PATRICIA
 2901 BUSCH LAKE BLVD
 TAMPA FL 33614**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	BATEMAN, LESLIE	
STREET ADDRESS	2410 W SUNSET DRIVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	DVC	<input checked="" type="checkbox"/> Delete
NAME	BOULOSSA, ALICE	
STREET ADDRESS	402 HUBERT AVENUE S	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HINDERS, MARILYN	
STREET ADDRESS	15142 NIGHTHAWK DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAYTON, PATRICIA K	
STREET ADDRESS	14520 THORNFIELD COURT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TAPPOUNI, JULIE	
STREET ADDRESS	6005 FAIRWAY PALMS COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Grant	
STREET ADDRESS	10025 Orange Grove	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	Office Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Thorington	
STREET ADDRESS	10117 Bennington Dr.	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pete Castellani	
STREET ADDRESS	1938 Garden Quilt Circle	
CITY-ST-ZIP	Lutz, FL 33558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Layton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.12.02

Date

813-931-1804

Daytime Phone #

CR2E037 (9/01)